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COVER LETTER.

TO:	Registration Section
	Division of Corporations

FREP III - Polo Grounds, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sara L Delaney
Name of Person
Forge Capital Partners
Firm/Company
2501 S MacDill Ave
Address
Tampa, FL 33629
City/State and Zip Code
sdelaney@forgecapitalpartners.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara L Delaney

,813 t

574-6762

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: FREP III - Polo Grounds, LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 36-4805491 elaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability April 17, 2015 (Date first transacted business in Florida, it prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2501 S. MacDill Ave. Tampa, FL 33629 (Street Address of Principal Office) 2501 S. MacDill Ave. Tampa, FL 33629 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is Forge-Sembler Partners, LLC, Manager 2501 S. MacDill Ave. Tampa, FL 33629 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Peter H Collins

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited L	• • •	
If unavailable, the alternate to	be used in the state of Florida is:	
2. The name and the Florida s	treet address of the registered agent and office are:	
Peter H	l. Collins	
	(Name)	
	. MacDill Ave. Iorida Street Address (P.O. Box NOT ACCEPTABLE)	
Tampa	33629	,ste-4w
<u> </u>	City/State/Zip	
liability company at the place of registered agent and agree to a statutes relating to the proper	red agent and to accept service of process for the above stated white designated in this certificate, I hereby accept the appointment as act in this capacity. I further agree to comply with the provisions of and complete performance of my duties, and I am familiar with an assition as registered agent as provided for in Chapter 605, Florida (Signature)	f all

\$ 100.00

\$ 25.00 \$ 30.00

5.00

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FREP III - POLO GROUNDS, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FREP III POLO GROUNDS, LLC" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D.
2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



5707912 8300

150697219

AUTHENTICATION: 2385588

DATE: 05-18-15

You may verify this certificate online at corp.delaware.gov/authver.shtml